



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 13, 2026

Andy Venn
Magnify Services Inc
1726 Teel Ave
Lansing, MI 48910

RE: License #: **AS330419718**
UPLIFT
4623 Hughes Rd
Lansing, MI 48910

Dear Mr. Venn:

This letter is a follow-up to the Department's findings regarding the interim inspection conducted at your facility on 05/12/2026. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care small group home.

The violations that were found are:

R 400.629 **Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

During the on-site inspection on 5/12/26 I reviewed the employee file for direct care staff, Kim Watts. This file was missing documentation of proof of training in the areas of personal care, supervision, and protection, resident rights, safety and fire prevention, prevention and containment of communicable diseases including recognizing signs of illness, food safety, which includes food storage, preparation, distribution, and serving in a safe manner, and nutrition and special diets. Ms. Watts has been working independently, and her file did not demonstrate competence in each required training area.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Ms. Watts' employee file was also missing documentation of a completed physical within 30 days of assumption of duties. Her hire date was noted as 5/12/26 and there was no documentation of a completed physical in her file.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

During the on-site inspection I reviewed the employee file for direct care staff, Ibilola Venn. This file did not contain documentation of annual health reviews for Ms. Venn. Ms. Venn has been employed by the licensee designee, Andy Venn, working as a direct care staff member, for more than one year. This file should contain documentation of annual health reviews.

R 400.631 Health screenings.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are

noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

Ms. Watts' employee file did not contain documentation of a baseline screening for communicable diseases upon hire.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

Ms. Watts' employee file did not contain documentation of at least two completed/attempted reference checks.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the on-site inspection on 5/12/26 I reviewed Resident A's medications. Resident A's *Medication Administration Record* identified that he is ordered a multivitamin to be taken once per day at 8am. This medication was not available at the facility for my review. Ms. Watts looked in the medication cart for this medication and reported that she would need to reorder the medication as there was not any on-site.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

During the on-site inspection on 5/12/26 I observed insulin medications to be stored in the refrigerator. These medications were not found in a locked cabinet or box in the refrigerator. Mr. Venn will need to purchase a lock box for any refrigerated medications or a locking medication refrigerator.

R 400.691 Resident records.

- (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
- (d) Health care information including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication administration record.
 - (iii) Name, address, and contact information of the preferred health care professional and hospital.
 - (iv) Medical insurance.
 - (v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.
 - (vi) Instructions for emergency care and advanced medical directives.

During the on-site inspection I reviewed Resident B's resident record. This record was missing documentation of Resident B's medical insurance as well as guardianship paperwork for Resident B.

R 400.731 Flame-producing equipment; enclosures.

- (4) Combustible materials must not be stored in rooms that contain heating equipment, water heater, incinerator, or other flame-producing equipment.

During the on-site inspection I observed many items stored in the mechanical room near and around the water heater and furnace. These items included paper bags and cardboard boxes. Combustible materials cannot be stored in rooms containing heating equipment or flame producing equipment.

Due to the violations identified in the report, **a written corrective action plan** is required. The corrective action plan is due 15 days from the date of this letter and must include the following:


- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.

- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

The Department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

Enclosures